

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/890171  
FILING DATE  
26 JUL 2001  
APPLICANT(S)  
Xitao

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51	1	
2							52	1	
3							53	1	
4							54	1	
5							55	1	
6							56	1	
7							57	1	
8							58	1	
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30			1				80		
31					1		81		
32						1	82		
33							83		
34						1	84		
35							85		
36						1	86		
37							87		
38						1	88		
39							89		
40						1	90		
41							91		
42						1	92		
43							93		
44						1	94		
45							95		
46						1	96		
47							97		
48						1	98		
49							99		
50						1	100		
TOTAL IND.				3			TOTAL IND.	1	
TOTAL DEP.				18			TOTAL DEP.	4	
TOTAL CLAIMS				31			TOTAL CLAIMS	8	